

Local Building Department

## INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp\_bs\_comm\_code/



Please refer to the attached four (4) page instructions. INSTRUCTIONS: Variance number (Assigned by department) Attach additional pages as needed to complete this application. 14-02-03 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) Name of applicant Gary Custer VP of Construction Name of organization Telephone number Golden Corral Corporation (919) 302-1149 Address (number and street, city, state, and ZIP code) PO Box 29502, Raleigh, NC 27626 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) Joseph Morgan Mechanical Designer Name of organization Telephone number National Restaurant Designers/LMHT (919) 544-0087 ext 257 Address (number and street, city, state, and ZIP code) 2805 Meridian Pkwy, Durham, NC 27713 3. DESIGN PROFESSIONAL OF RECORD (If applicable) Name of design professional License number N. Ray Thornton, PE PE 19800443 Name of organization Telephone number National Restaurant Designers/LMHT (919) 544-0087 ext 129 Address (number and street, city, state, and ZIP code) 2805 Meridian Pkwy, Durham NC 27713 4. PROJECT IDENTIFICATION Name of project State project number County Golden Corral 374815 Allen Address of site (number and street, city, state, and ZIP code) 5335 Distribution Dr., Ft. Wayne, IN 46825 Type of project ☐ New Addition Alteration Change of occupancy M Existing 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. Written documentation showing that the local fire official has received a copy of the variance application. Written documentation showing that the local building official has received a copy of the variance application. 6. VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order? ☐ Yes (If yes, attach a copy of the Correction Order.) Has a violation been issued? Yes (If yes, attach a copy of the Violation and answer the following.) ⊠ No Violation issued by:

☐ Local Fire Department

State Fire and Building Code Enforcement Section

7. DESCRIPTION OF REQUESTED VARIANCE Name of code or standard and edition involved		Specific code section		
	state amenmente		ance Definition & 507.2.4	
2012 IMC with Commentary and Indiana state amenments				
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED Selections of the following statements:				
Non-compliance with the rule will not be adverse to the public health, safety or welfare; or				
Applicant will undertake alternative actions in lieu of compilance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).				
Facts demonstrating that the above selected statement is true:  The variance request is simply asking that the committee accept the 2015 IMC with commentary definition of an Extra Heavy Duty Cooking Appliance. This states that an extra heavy duty cooking appliance are those utilizing open flame combustion of solid fuel at any time. In the commentary section below the definition, there is a sentence that applies directly to our situation. "If the wood only smoulders and smokes without ever producing open flames, the appliance is not considered to be extra heavy duty." See attached 2015 excerpt. Our proposed smoker utilizes gas for the heat and flame source and a totally separate box for wood chips to "smoulder/smoke" for flavoring only. If the committee accepts the 2015 MC defintion the appliance would no longer be considered to be an extra heavy duty appliance and would therefore be allowed under a single hood with other appliances.				
9. DEMONSTRATION OF UNDUE HARDSHIP OR	HISTORICALLY SIGN	IFICANT STRUCTURE		
Select at least one of the following statements:				
Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.				
imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.				
Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.				
Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.				
Facts demonstrating that the above selected statement is true:  Adding this appliance with an additional dedicated hood system would incur very high cost and may not be able to physically be constructed. This would also require operational downtime, demolishing a brand new hood, fire system and associated grease duct and replacing with two new, smaller hoods, adding a new exhaust fan, new fire system, and new grease duct. Since the later 2015 IMC allows the requested single hood with multiple appliances configuration, the public remains safe without hardship incurred by the owner.				
10. STATEMENT OF ACCURACY				
I hereby certify under penalty of perjury that the information contained in this application is accurate.				
Signature of applicant or person submitting application	1	print name	Date of signature (month, day, year)	
Signature of design professional (if applicable)		Doseph Morgan	Date of signature (month, day, year)	
organizario di designi professional (il applicame)		ay Thornton, P.E.	12/22/15	
11. STATEMENT OF AVARENESS (If the application)			st sign the following statement.)	
I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.				
Signature chappilicant	Please	print name	Date of signature (month, day, year)	
Noise		ary 1 coster	12-22-2015	

## Joanne Williams

From:

Joanne Williams

Sent:

Tuesday, December 22, 2015 4:30 PM

To:

David.Fuller@co.allen.in.us

Cc:

'Custer, Gary'; Ray Thornton; Joseph Morgan; 'Charland, Peter'

Subject:

Golden Corral 5335 Distribution Dr., Ft. Wayne

Attachments:

Application.pdf

Mr. Fuller,

We will be applying for a variance with the State of Indiana to allow for a proposed interior smoker to be accepted under the 2015 IMC definition, and not be categorized as "extra heavy duty", therefore not requiring a separate hood (there is an existing shared hood).

Please see the application attached that has been sent to the State to be included on their agenda for the February meeting. The State project number is 374815.

If there is a local fire official who needs to also receive this notification, I would be grateful if you would forward this email to that office.

Thank you, and let me know if you require more information at this time.

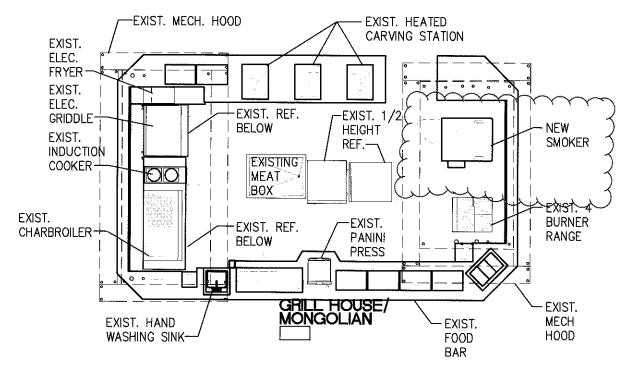
## Joanne Williams

Project Manager jwilliams@lmht.com

NATIONAL RESTAURANT DESIGNERS A Division of LMHT Associates 2805 Meridian Parkway Durham, NC 27713 p:(919)544-7251, Ext. 132 f:(919)544-9399

www.restaurant-designer.com

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## **EQUIPMENT LAYOUT**

SCALE: 3/16" = 1'-0"

NEW SMOKER SPECIFICATIONS:

MANUFACTURER:

OLD HICKORY

MODEL NUMBER:

CONVECTURE TRI-OVEN

FURNISHED BY:

F.E.C.

INSTALLED BY: CONNECTED BY: F.E.C.

VOLTS:

P.C./E.C.

AMPS:

120/1/60

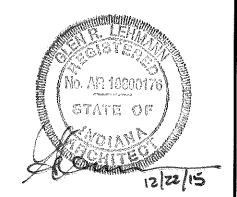
5.0

GAS:

46,000 BUT/HR

AGA AND NSF CERTIFIED

TIE DOWN CABLES CONNECTED BY P.C.

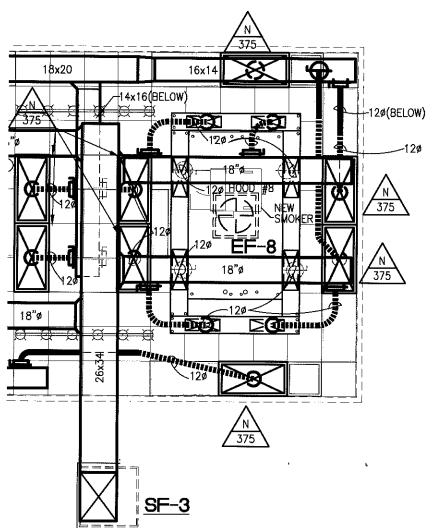




Location: 5.335 DISTRIBUTION DRIVE FORT WAYNE, INDIANA 46825

Drawing: EQUIPMENT LAYOUT

_		
	Date:	12/22/15
- 1		
	Drawn By:	KEW
	Checked By:	GRL
	Sheet No.	FI .







A Division of LMMT Associates

Location: 5.335 DISTRIBUTION DRIVE FORT WAYNE, INDIANA 46825

Drawing: MONGOLIAN BAR MECHANICAL PLAN golden corral

Date: 12/22/15
Drawn By: MJM

Checked By: MJM
Sheet No. M2

Drawing File: Z:\ZUT4\T43Z9-GC FOR Wayne IN\CAD\Smoker IZ-ZI-T3\MZ.awg

Plotted by: jmorgan Plotted Date: Dec 22, 2015 — 10:27am